

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Joseph Scrotto  
Name

(2) 4220 N.W. 115 Ave  
Address (number and street)

Sunrise FL 33323  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): Mayor

- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: \_\_\_\_\_

09 JAN 12 AM 11:08  
CITY CLERK  
CITY OF SUNRISE

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 1 / 08 To 12 / 31 / 08 Report Type Q1

- Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$ 500.00  
Loans                    \$ 0  
Total Monetary      \$ 500.00  
In-Kind                \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$ 0  
Transfers to Office Account      \$ 0  
Total Monetary                  \$ 0

(8) Other Distributions  
\$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 1100.00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer  
X Marie Scrotto  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)  
X [Signature]  
Signature

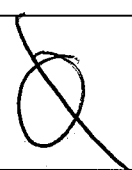
## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 1 / 08 through 12 / 31 / 08

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					09 JAN 12 AM 11:08 CITY CLERK CITY OF SUNRISE
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 1 / 08 through 11 / 30 / 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11 / 3 / 08	ERIC GOODMAN SAWGRASS Investors, LLC 200 E. Broward Blvd Fort Lauderdale, FL 33301	B	Developer	ctfe			500.00
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CITY CLERK  
CITY OF SUNRISE  
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